

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90040 004 ***150.00

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1. Entity Name

MY FATHER'S INVESTMENTS, INC.



Principal Place of Business
1107 PRAIRIE HAWK DR.
ORLANDO, FL 32837

Mailing Address
1107 PRAIRIE HAWK DR.
ORLANDO, FL 32837

40010797



DO NOT WRITE IN THIS SPACE

01132005-- No Chg-P. CR2E034 (10/03)

4. FEI Number

69-1196861

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PEREZ, OSWALDO
11075 PRAIRIE HAWK DR.
ORLANDO, FL 32837

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IN THIS SPACE**

8. The above named entity, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
PEREZ, OSWALDO
~~924 N MAIN STREET SUITE 203~~ 11075 PRAIRIE HAWK DR.
~~KISSIMMEE, FL 34744~~ Orlando, FL 32837

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RODRIGUEZ, ANABEL
11075 PRAIRIE HAWK DR.
ORLANDO, FL 32837

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/05
Date

407-427-0844
Daytime Phone #